

**UNITED STATES DISTRICT COURT
FOR THE Northern District of Illinois, Eastern Division**

Gregory Minniefield

Plaintiff,

v.

Case No. 1:15-cv-07939

Honorable Edmond E. Chang

Medical Director Dr. Obasi, Warden
Terry Williams, Wexford Health
Sources, Inc., Wexford Supervisor
Kevin Halloran and Grievance Officer
Jill Parish

Defendants

AMENDED STATEMENT OF CLAIM

- 1) Plaintiff Gregory Middlefield is currently a inmate that is housed at the Stateville Correctional Center. Plaintiff Gregory Middlefield suffers from a serious medical condition [eye disease] called kerato conus. His condition requires him to wear contact lenses that has to be reasonably sanitized and changed every six months.
- 2) The above named Plaintiff has been exposed to an extended period of unreasonable pain and suffering and a delay in receiving the proper medical treatment that his serious medical [eye disease] requires.
- 3) Plaintiff has been and is currently experiencing eye irritation, redness of the eyes, loss of vision, headaches and loss of sleep.
- 4) Plaintiff has constantly complained to several different medical staff at his place of incarceration and they have all failed to provide him with adequate medical treatment leaving him exposed to prolonged pain and suffering.
- 5) Plaintiff has exhausted all available remedies to him both on a institutional and administrative level, but his complaints, grievances, letters, and pleads for proper medical treatment have all been stonewalled.
- 6) ON September 30, 2014, Plaintiff's prescription for his

his contacts solution expired, causing him to be unable to disinfect his contact lenses, which caused him to experience the above mentioned symptoms, when he notified Medical Staff named to this complaint, they failed to secure new prescription. Medical Director Obasi is fully aware of the fact that Plaintiff's serious medical condition requires him to have his contact lenses changed every six months. He knows this because of his prior examinations with Plaintiff and Plaintiff's complaints for new contact lenses that has been denied for over one year.

7) Personal Involvement

Plaintiff sent several request slips and letters threw the institutional mail directly to the medical director Obasi from around April 30, 14 up until today, regarding his serious condition and medical needs and he never responded.

8) Plaintiff sent letters and emergency grievances threw the institutional mail directly to warden Larry Williams and his emergency grievance regarding his serious medical condition and exposure to pain and suffering was denied, and NO Action was taking leaving Plaintiff in deteriorating condition.

9) Plaintiff sent several letters for a extended period of time [over one year] to Wexford supervisor Kevin Holloran, expressing his serious medical condition and his exposure to prolonged pain and suffering and Kevin Holloran failed

to respond or acknowledge Plaintiff letter's, leaving him exposed to a deteriorating condition as time continued without Plaintiff getting proper treatment. [Plaintiff sent over 10 letters]

10. Wexford Health Sources, Inc. ("Wexford") is, and at all times relevant to this lawsuit was, engaged in the business of providing health care professionals and services to all correctional facilities in Illinois pursuant to contract. In this role, Wexford is obligated to properly implement all IDOC written policies and directives to ensure adequate medical treatment is provided at all times.

11. Plaintiff submitted several grievance's that were denied by his counselor, so he appealed his grievance to the grievance officer, Jill Parish, who answered some of his grievance, denying him the treatment for his medical condition. Plaintiff also appealed his grievance to Springfield to the Administrative review board and none of them was answered due to I.D.O.C.'s inadequate grievance procedure, and as of a direct result of that fact's stated to this complaint. Plaintiff is in a state of ongoing prolonged pain and suffering and a deteriorating condition. Plaintiff has made every effort to exhaust his administrative remedies available to him. See attached exhibits.



Attorney for Gregory Minniefield

Thomas F. Burke, P.C.
53 W. Jackson Blvd, Suite 1441
Chicago, IL 60604
312/362-1300

STATE OF ILLINOIS)
) SS
COUNTY OF Will)

AFFIDAVIT

I, Gregory Mississippi being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

ON September 30, 2014, My Prescription for my contact solution expired and have not been renewed. Since this have occurred, i have not been able to disinfest my contact lenses and i've suffered pain in my eye's that causes me to have headache and redness in my eye's. I suffer from an eye disease called (Herato Conus) that requires me to wear contact lenses. I've put in numerous request slips to see the eye doctor and Medical Director. I've also complained to numerous nurse's and medtechs about my eye's and contact solution. I went to Asthma clinic on October 22, 2014, where i saw into the eye clinic nurse MS. David, who i spoke with about the pain, redness in my eye's and that my prescription for my contact solution needed to be renewed, because i was running out of solution. I've also written letters directly to warden Terry Williams, Health care administrator, Medical director, Eye doctor and Grievance officer Jill Garrison. They all know that i've been in need of a new pair of contact lenses and to have my contact solution prescription renewed. I've written six grievance and two were Emergency grievance, which were

PAGE 2

Not responded to by Chief Administrative Officer Tarry Wi-
 liams. All of the grievances I wrote were forwarded directly
 to the Wexford Health Care Unit by Counselor Mrs. Ada Johnson
 and as of date, I have not received my request. I have a
 Major eye disease called (Herato Conus) that requires me to
 wear contacts so my vision would not be blurred. If you look
 in my medical file it will show that I must change my contact
 lenses Every 6 to 8 Months and after every use, they must be dis-
 infected properly. Since I haven't been able to change and disinfect
 my contacts, I've suffered pain, redness and loss of vision in both
 of my eyes. I need a change of contact lenses, see an eye doctor
 at once due to the overwhelming pain and strain in my eyes
 due to my eye disease called (Herato Conus). I have suffered
 for 6 months, please change out my contact lenses and please re-
 fill my prescription at once. I have placed a copy of this
 letter into the mail box of Dr. Obasi, Royce Brown-Reed,
 Dr. Dunn, Kevin Holloway of Wexford Health, Chief Adminis-
 trative Officer Tarry Williams and Ms. Jill Parrish on
 03-04-15


 AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME
 THIS _____ DAY _____, 20____

 NOTARY PUBLIC

#114

Date Received: 8.9.11

EMERGENCY REVIEW

EYE CLINIC 2nd appt

Is this determined to be of an emergency nature? ☒ Yes, expedite emergency grievance ☒ No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Marcus Hardy
Chief Administrative Officer's Signature

8.9.11
Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

because of my lack of wearing my glasses. My vision is really blurry and I have problems reading my legal work and mail. If you read the offender handbook it states, AN OFFENDER has the right to Health care and Dental treatment on page 25. It says "There are 11 Clinic's doctor may refer an offender to a chronic medical condition (F) is Optometry and (G) is Ophthalmology". I need to get to one of them. As ioc said, i've been trying to get over there for as long as i've been here and I see this as my last resort.

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ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>07-31-12</u>	Offender: (Please Print) <u>Gregory Middiefield</u>	ID#: <u>R46792</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: <u>I'm writing this Grievance because I was suppose to go to outside Eye clinic to get my eyes Examined for this eye diseased called (Herato Conus). My eyes have gotten worse and I think I'm slowly losing my eye vision. I really need to get this checked out A.S.A.P.</u>		
Relief Requested: <u>Send me to get my Eye's check by the outside Eye doctor A.S.A.P. I don't want to lose my eyesight.</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Gregory Middiefield</u> Offender's Signature		<u>R46792</u> ID#
		<u>07.31.12</u> Date

(Continue on reverse side if necessary)

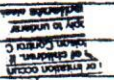
Date Received: <u>8, 6, 12</u>	Counselor's Response (if applicable)	
<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277		
Response: <u>A copy of this grievance will be forwarded to the Health Care Unit for review & reply. Do not send out copies; you will receive a formal reply from the grievance office once they've heard back from the Health Care Unit.</u>		
<u>Sander</u> Print Counselor's Name		<u>Pancher</u> Counselor's Signature
		<u>8, 17, 12</u> Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	
_____ Date	

Distribution: Master File; Offender

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

TO, MS SANDERS^{EL}
E- House Counselor



ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>08-07-12</u>		Offender: <u>Gregory Minniefield</u> (Please Print)	ID#: <u>R46792</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I'm writing this grievance because I've been trying to get to the outside Hospital for a while now to see the Eye doctor. I was last seen by the eye doctor here April 30, 2012, where he put in a Emergency request for me to go see an outside doctor for my eye problem called (Keratoconus) which is a serious eye condition, but it seems like the Healthcare staff doesn't care about my eye problem. I've been writing because my eye's have gotten worse and my eyesight have become real blurry. →

Relief Requested: Please Get me the medical treatment I need for my eye's.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Gregory Minniefield R46792 08.07.12
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Date Received: <u>8,20,12</u>		Counselor's Response (if applicable)	
<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277			
Response: <u>A copy of this grievance will be forwarded to the Health Care Unit for Review. Do not send out copy. You will receive a formal reply from the grievance once they've heard back from the Health Care Unit.</u>			
<u>Stander</u> Print Counselor's Name		<u>Scum</u> Counselor's Signature	
		<u>8,21,12</u> Date of Response	

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	
_____ Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

IF you read the offender handbook it states, An Offender has the right to "Health Care and Dental treatment", on page 25 it says there are 11 clinics a doctor may refer an offender to for a chronic medical condition (F) is "optometry" and (G) is "Ophthalmology". I need to get to one of them A.S.A.P. As I've said, I've been trying to get out there for close to 4 months now and I see this as my last resort. The 8th Amendment protects against conditions that pose an unreasonable risk to future harm, as well as those that are currently causing harm (Helling - v - McInney 509 US at 33 (1993)).

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

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Date: <u>12-02-12</u>	Offender: (Please Print) <u>Gregory Minichfield</u>	ID#: <u>R46792</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Grievance of Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Disciplinary Report: _____			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I'm writing this grievance because i've been trying to get back to the H.C.U. to see the eye doctor because i have a serious eye condition called (he ratio cious) and if you check my medical file you will see i have lost my eyesight some. I was last seen by the eye doctor here April 30, 2012, September 14, 2012 and October 11, 2012. I also went to outside Hospital on October 5, 2012 where the doctor said i needed contacts A.S.A.P. and they would order them. I was approved for my contacts and was told it would take

Relief Requested: I really need to see the eye doctor to find out why my eyes have gotten worse and how long will it be before i get my eyes check again.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Gregory Minichfield R46792 12/02/12
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>1/1/12</u>	<input type="checkbox"/> Send directly to Grievance Officer
Response: _____	<input checked="" type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<u>Inmate Issues</u>	
<u>DEC 20 2012</u>	
Print Counselor's Name _____	Counselor's Signature _____ Date of Response <u>1/1/12</u>

EMERGENCY REVIEW	
Date Received: <u>12.10.12</u>	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature <u>Arcus Hardy</u>	Date <u>12/10/12</u>

Distribution: Master File, Offender

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

two to three weeks to get them. The longer I go with out treating my eye problem the worse my eye sight have become. If you read the offender handbook it states, an offender has the right to Health care and Dental treatment, on Page 25 it says there are 11 clinics, a doctor may refer an offender with a chronic medical condition & (F) is optometry and (G) is ophthalmology. I need to see some one ASAP. The 8th Amendment protects against conditions that pose an unreasonable risk to future harm as well as those that are currently causing harm (Helling-V-McKinney 509 US at 33 (1993)).

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender:

Minnicfield
Last NameGregory
First Name

MI

ID#

R46792

Facility:

Sta

☒ Grievance: Facility Grievance # (if applicable)

Dated:

12/2/12

or

☐ Correspondence: Dated:

Received:

12 29 12
Date

Regarding:

Req to see Eye Dr = Medical

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- #1 ☒ Provide a copy of your written Committed Person's Grievance, DOC 0046, including the counselor's response, if applicable.
- #2 ☒ Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
- Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on ____/____/____
Date
- ☐ No justification provided for additional consideration.

Other (specify): ☒ Since you and this issue are at the same institution you must first grieve the issue with the institution. You can then appeal that decision with the ARB. To appeal to the ARB you must provide #1 and #2 above within timeframes.

No CRC resp

Completed by:

Gina Allen

Print Name

Gina Allen

Signature

Date

1/18/13

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 8/2010)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>11-19-14</u>	Offender: <u>Gregory Mimmiefield</u> (Please Print)	ID#: <u>R46792</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Disciplinary Report: _____		Date of Report: _____	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I'm writing this Grievance because i've got in numerous repeat slips to see the eye doctor for treatment & to get my contact solution prescription renewed because i've been having a hard time getting the contact solution because my prescription have not been renewed. I've had to call for Medtech vis. Shapell to bring me some contact solution so order to disinfect my contact lenses. If i can't disinfect my contact lenses, then i can't wear my contacts which i need to order to see because i have

Relief Requested: I need to see the eye doctor A.S.A.P. And get my prescription renewed so i can disinfect my contact lenses.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Gregory Mimmiefield R46792 11.19.14
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Date Received: <u>12.23.14</u>	Counselor's Response (If applicable)	
<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>The original grievance and a copy have been forwarded to the grievance office. there is no need to send a copy to ITCU or Grievance office. you will received a final response from the grievance office when the ITCU responds to same</u>		
<u>A Johnson</u>	<u>A Johnson</u>	<u>12.24.14</u>
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: <u>11.25.14</u>	Is this determined to be of an emergency nature?
	<input checked="" type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Terry Wilbans</u>	<u>11.25.14</u>
Chief Administrative Officer's Signature	Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

a eye condition called (Keratoconus) which is a serious eye disease that cause the eye's to become very blurry. IF you read the offender handbook it states, An offender has the right to "Health care and Dental treatment", on page 25 it says there are 11 clinics a doctor may refer an offender to for a chronic medical condition and (F) is "optometry" and (G) is "ophthalmology". I need to see someone A.S.A.P. and I see filing this Grievance as my last resort. The 8th Amendment protects against conditions that pose an unreasonable risk to future harm, as well as those that are currently causing harm (Helling-V-McKinney 509 US at 33 (1993))

Date: <u>11-28-14</u>	Offender: <u>Gregory MIMMIEFIELD</u> (Please Print)	ID#: <u>R46792</u>
Present Facility: <u>Stateville C.C.</u>		Facility where grievance issue occurred: <u>Stateville C.C.</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I'm writing this grievance because i've been denied medical attention for my eyes. I've put in numerous request slips to see the eye doctor. I've gave Medtechs and the eye clinic nurse Mr. David slips to be put in so i can be called over to see the eye doctor. The reason i need to see the eye doctor A.S.A.P. is because i suffer from a eye disease called (herato conus) that requires me to wear contacts. If gone untreated my vision becomes very blurred and makes it hard for me to see. lately,

Relief Requested: I really need to see the eye doctor and get my contact solution renewed A.S.A.P. so i can disinfest my contacts.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Gregory Mimmiefield R46792 11.28.14
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>12.23.14</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>The Original grievance and a copy have been forwarded to the Grievance Office. There is no need to send a copy to HC or Grievance Office. You will receive a final response from the Grievance office when the HC responds to same.</u>		
<u>A. J. Johnson</u> Print Counselor's Name	<u>G. J. Johnson</u> Counselor's Signature	<u>12.24.14</u> Date of Response

EMERGENCY REVIEW		
Date Received: <u>1 1</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature		_____ Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

I've suffered redness of the eyes and pain in my eyes because I haven't been able to disinfect my contacts because the eye doctor or nurse David have not answered my request slips to have my solution renewed. After numerous request slips and telling eye clinic nurse David in person when I went to Asthma Clinic on 10-27-14 that I needed my solution, I still haven't received anything. Because I haven't been able to disinfect my contacts lenses, I've had to go without wearing my contacts and the disease in my eyes have gotten worse, making it hard to see, read my mail and most importantly do my legal work. It's been almost 3 months since my solution was renewed. I've been complaining to C/O Dyer and he called medtech MS. Shavel and she sent a bottle over and that was over a month ago and that's ran out. If you read the offender handbook it states an offender has the right to "Health care and Dental treatment" on page 25 it says there are 11 clinics. a doctor may refer an offender to for a chronic medical condition and (F) is "optometry" and (G) is ophthalmology. I really need to see the eye doctor and get my contact solution renewed and I see this as my last resort. The 8th Amendment protects against conditions that pose an unreasonable risk to future harm as well as those that are currently causing harm (Helling - v - McInney 509 US at 33 (1993))

Date: <u>01-07-15</u>	Offender: <u>Gregory Monicfield</u> (Please Print)	ID#: <u>R46792</u>
Present Facility: <u>Stateville C.C.</u>		Facility where grievance issue occurred: <u>Stateville C.C.</u>
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>I'm writing this Grievance because i've been denied Medical attention for my eye's. This is my Third Grievance that i've got in and i have yet to get an answer from anyone. I've got in numerous request slips to see the eye doctor, talked to almost every medtech that walks pass my cell and i've personally talked to the eye clinic nurse Mr. David about seeing the eye doctor, so they could renew my contacts solution and order me a change of contacts. I suffer from an eye disease called</u> Relief Requested: <u>I would like to have my eye's checked, my solution renewed and a change of contacts like the outside doctor ordered for me to have.</u> <input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Gregory Monicfield</u> Offender's Signature		<u>R46792</u> ID#
		<u>01.07.15</u> Date

(Continue on reverse side if necessary)

Date Received: <u>1.20.15</u>	Counselor's Response (if applicable)	
Response: <u>A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance officer. There is no need to send your copy to the grievance officer or the HCU. You will receive a final response when the HCU responds to SCAMP.</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
<u>A. Johnson</u> Print Counselor's Name	<u>A. Johnson</u> Counselor's Signature	<u>1.20.15</u> Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	
_____ Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

(kerato conus) that requires me to wear contacts so my vision wouldn't be blurred. On Jan 7, 2015 I went to Asthma Clinic and while there, I complained to the Asthma Clinic nurse about the redness & pain in both my eyes. She went to look for Nurse David, but he was on lunch break. She said she would let him know that I was in need of my contacts changed. My solution refilled and also I need to see the eye doctor. My eye condition has gotten worse over these past months, and I'm afraid that if I don't see someone soon, I will lose my eye sight.

Date: 01-27-15	Offender: (Please Print) Gregory M. Mordicfield	ID#: R46792
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify) H95 <input type="checkbox"/> Disciplinary Report: _____ Date of Report _____ Facility where issued _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I'm writing this Grievance because i've suffered severe and extreme pain in my eyes because i haven't been able to properly disperse my contacts because there's no eye doctor to renew my contact solution. I've complained to several medtechs and nurses and they said there wasn't anything they could do. I wrote the medical director numerous request slips, so he could see me or send me out to see a eye doctor. I have a major eye disease called Herato couds that requires me to wear contacts. My Relief Requested: I need to see someone about this real fast because i don't want to lose my eye sight. Please help me get the help i need. I don't want to lose my eyes. <input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Gregory Mordicfield Offender's Signature		R46792 ID#
		01.27.15 Date

(Continue on reverse side if necessary)

Date Received: 1, 28, 15	Counselor's Response (if applicable)	
Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send you a copy to the grievance office. I will let you know when you will receive a final response. I will respond to you.	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
A J. L. H. Print Counselor's Name	A. J. L. H. Counselor's Signature	1/28/15 Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	
_____ Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

contacts are suppose to get switched out every six to eight months and the ones I have now, have not been switched out in 11 months. Everytime I go to Asthma Clinic I ask to see the eye clinic Nurse David, and tell him about my eyes, he tells me there's nothing he can do until we get a new eye doctor. I haven't been wearing my contacts because I don't have the solution to dissolve them. My eye sight have gotten worse and its becoming impossible for me to see anything.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

21041

Grievance Officer's Report

Date Received: 1/28/15

Date Reviewed: 2/3/15

Grievance# M884, M855, H85

Committed Person: Minniefield

ID# R46792

H95

Nature of Grievance: Medical Treatment

Facts Reviewed: THE GRIEVANT COMPLAINS OF BEING DENIED PROPER MEDICAL TREATMENT

Per T Utke LPN after a REVIEW OF THE MEDICAL RECORD

After reviewing offenders medical record and talking to the Pharmacy department he will receive his contact solution tonight.

All proper policies and procedures have been followed at this time. If offender has any more issues please have him follow the proper sick call procedures.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

JILL PARRISH CC2

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Parrish CC2

Chief Administrative Officer's Response

Date Received: 2/10/15

☒ I concur☐ I do not concur☐ Remand

Comments:

Chief Administrative Officer's Signature

Larry Williams

Date

2/11/15

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Gregory Minniefield

Committed Person's Signature

R46792

ID#

03-04-15

Date

OFFENDER'S GRIEVANCE

Date: 07-05-15	Offender: (Please Print) Gregory Mimi Field	ID#: R46792
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
		<input type="checkbox"/> HIPAA
		<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Disciplinary Report: _____		
Date of Report		Facility where issued
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:		
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.		
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.		
Chief Administrative Officer, only if EMERGENCY grievance.		
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):		
<p>I'm writing this grievance because I saw the Eye doctor in March 2015 and he order that I get a new pair of contacts lenses and My contact solution sent. Since this date, I have yet to receive my new contact lenses or the contact solution I need. It's been 3 months already and my contacts that I have now are old and causes pain and redness in my eyes when I wear them. Without my contacts in my eyes I can't see anything. I've wrote to the Eye Clinic Nurse.</p> <p>Relief Requested: I really need to see an eye doctor A.S.A.P. so I can get my eyes checked out.</p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature: Gregory Mimi Field		ID#: R46792
		Date: 07.05.15
(Continue on reverse side if necessary)		

Counselor's Response (If applicable)		
Date Received: 7/17/15	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: A copy of your grievance has been sent to the grievance officer. The original was sent to the grievance officer. You'll get a response when the grievance officer responds to your grievance.		
Print Counselor's Name: [Signature]	Counselor's Signature: [Signature]	Date of Response: 7/17/15

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

And have stopped Medtechs. I have yet to be seen
by anyone. Can you please help me get the medical
attention I need?